

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM ETO-878)**

SERIAL NO.

APPLICANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/				51						
2				/			52						
3				/			58						
4				/			54						
5				/			55						
6				/			56						
7				/			57						
8				/			58						
9			/				59						
10				/			60						
11				/			61						
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13				/			63						
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17				/			67						
18				/			68						
19				/			69						
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40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			2				TOTAL IND.						
TOTAL DEP.			19				TOTAL DEP.						
TOTAL CLAIMS			21				TOTAL CLAIMS						